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Communication for Healthy Communities (CHC)

Year 2: Second Quarter Report

January – March 2015

Communication for Healthy Communities (CHC)

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Submitted By:

Anne Akia Fiedler, Chief of Party

Submitted To:

Rhobbinah Ssempebwa, Agreement Officer's Representative (AOR)
United States Agency for International Development
U.S. Mission Compound – South Wing
1577 Ggaba Road, Nsambya
P.O. Box 7856
Kampala, Uganda
Tel: +256-41-306-001 / Fax: +256-41-306-661
Email: rsempebwa@usaid.gov

For more information contact:

Communication for Healthy Communities (CHC)
FHI 360 Uganda
Plot 15 Kitante Close, Kampala, Uganda
P.O. Box 5768 Kampala
Telephone: +256-312-266-406
Website: www.fhi360.org

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INTRODUCTION

Communication for Healthy Communities (CHC) is a 5-year, USAID funded project whose goal is to support Government of Uganda and partners to design and implement quality health communication interventions that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis. To achieve this, the project uses innovative health communication (HC) approaches, capacity strengthening, increased collaboration among partners, and rigorous research and knowledge management for health communication.

This report highlights the major accomplishments for the second quarter (January – March 2015) of Year 2 project implementation. The report is structured by intermediate result area (IR1, IR2 and IR3) as described below.

- IR1: High quality health communication interventions designed and implemented
- IR2: Improved coordination of health communication interventions
- IR3: Increased research and knowledge management to enhance health communication.

Under each intermediate result area, the report gives a detailed overview of the planned activities for this reporting period, those accomplished, challenges explaining over or under achievement, lessons learnt and plans for the next quarter.

SUMMARY OF ACHIEVEMENTS THIS QUARTER

Outstanding achievements during this reporting period were:

- Continued to rollout the OBULAMU campaign and reached 4.5 million (30 percent of Uganda's adult population) through mass media as well as 40,000 people through inter personal communication activities, which included targeted community shows, community dialogues and referral to services.
- Championed strategic use of data during OBULAMU campaign rollout for more targeted selection of sites for activities such as community shows. This was informed by review of HMIS 2014 data and other partners' data such as key highlights of the LQAS 2014 report. Partners appreciated this approach to site selection and the immediate value added of attracting more clients as a result of focused SBCC and outreach services.
- Through community shows and dialogues, CHC referred over 20,000 people to HTC, SMC, ART, SMC, TB, and FP, eMTCT, ANC, nutrition and malaria services.
- During the quarter, CHC registered increased visibility and momentum of the OBULAMU campaign through outdoor placements in more than 100 towns/municipalities and 2,000 villages countrywide. As a result, there is increased interest in the campaign among campaign champions, IPs, DHEs and other local leaders who are willing and available to participate in campaign activities.
- Reproduced and disseminated 53,999 health communication materials to IPs, health centers, towns and municipalities, trading centers, water collection points, village meeting places, drug shops, places of workshop, market stalls, among others.
- Oriented 2,727 champions including VHTs, Community Linkage Facilitators, Mentor Mothers, Fisher Folk and Female Sex Workers, uniformed forces and peer leaders, among others. These are currently engaging in targeted IPC activities including; community dialogues through their platforms, home visits and follow-up, materials distribution and dissemination as well as referral and linkage to services.
- Collaborated with Service Delivery IPs to better coordinate their service outreach with OBULAMU IPC activities to ensure their ability to cater to and respond to increased demand generated by those activities.
- Supported MOH to host the BCC WG meeting on March 18 which reviewed and endorsed the proposed plan to streamline membership and functionality of the WG from a bigger WG composed of many members to a smaller WG that focusses on technical aspects of SBCC with links to MOH thematic WGs. This will improve

the effectiveness of the WG and enable it achieve its mandate of improving quality and coordination of HC activities in Uganda. The meeting also resulted in endorsement of the MER/KM Task Force TORs, paving way for task force activities in the next quarter.

- CHC continued to co-chair and influence various communication WGs at MOH which reviewed and approved health communication materials on Life Stage 1 and 2 and streamlined planning and coordination of on-going health communication activities such as World TB Day and the eMTCT launch in Hoima.

PROGRAM COMPONENTS AND ACTIVITIES

Intermediate Result 1: High quality health communication interventions designed and implemented

1.1 Support on-going health communication campaigns and provide technical assistance to USG IPs

Organizations Involved:

FHI 360, UHMG, MOH and USG IPs

Activities Planned:

- Continue to review, standardize and simplify existing job aides, materials and peer education training manuals by audience category e.g. peer education training manuals and materials
- Finalize ART adherence action media reports and develop/finalize materials from concepts from sessions conducted last quarter.
- Disseminate ART adherence action media findings and concept materials to MOH and IPs to facilitate use in programming.
- Continue to support MOH and USG IPs to standardize and produce seed copies of various HC tools and materials to deepen the reach of on-going health communication interventions on eMTCT, condom use, SMC including Prepex promotion, ART adherence, TB, SMGL and malaria, among others.
- Continue update of the electronic database/catalogue of all health communication materials produced
- Continue to work with the BCC WG to co-chair or influence various TWGs on HC campaigns and provide relevant technical assistance, leadership and advisory role.

Activities accomplished:

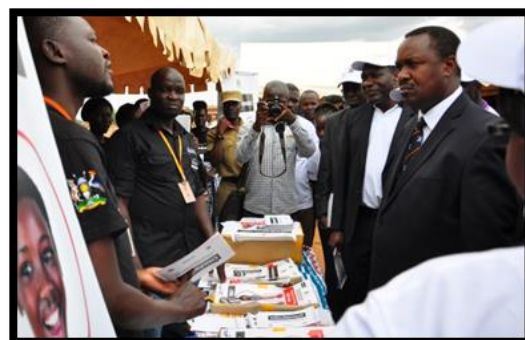
Reviewed peer education manuals and observed peer education sessions for various audiences: As part of the process of reviewing and standardization peer education manuals, CHC held meetings with key IPs and observed multiple peer education sessions with PLHIVs, couples, FSWs, Fisher folk and MSM. Key partners included; IDI, Baylor, TASO, Mildmay, STAR-EC, STAR-SW, Most At Risk Population initiative (MARPI), MUWRP, Reach A Hand Uganda (RAHU), UPDF and Community Health Alliance Uganda (CHAU).

- Finalized ART adherence action media reports and shared with partners on e-mail and shared seed copies of ART adherence materials for clients. Dissemination of these reports and concepts have been shared through the existing platforms including BCC WG, TWGs, community of practice sessions, and during district IP meetings
- **Supported MOH and USG IPs to implement routine HC activities** including; chairing and influencing national communication TWGs on eMTCT, SMC, condom promotion, SMGL, ART, TB and malaria. Key outputs included;
 - Collaborative review and approval of audio, video and print OBULAMU materials on condom use, SMGL, eMTCT, SMC, ART, TB and malaria which are currently being disseminated as part of the OBULAMU campaign rollout (see activity 1.2.3 and 1.2.4).
 - Harmonized implementation of communication activities during the eMTCT mid-western region launch in Hoima where CHC worked with MOH, IDI, Baylor, UPMB, OFLA and other partners to develop an implementation plan for the period January-March 2015. The plan integrated mass media, community mobilization, advocacy and service delivery and mobilized pregnant women, couples and community

members to demand for and utilize available eMTCT services. As a result, during the nine community shows that CHC conducted with IDI and Baylor in Hoima and Kibaale districts, 1,014 couples accessed HTC, ANC, eMTCT, FP, PNC services (see activity 1.2.4 below). One of the partners had this to say during the last eMTCT National Organising Committee (NOC) meeting at the Ministry of Health.

“All the organizations are really appreciative of CHC’s support to activities in this launch (e-MTCT). You (CHC) have brought in a new approach, new way of doing things” Dr. Christine Mugasha, eMTCT Coordinator, IDI.

- Integration and update of condom promotion activities in the revised Terms of Reference for the National Comprehensive Condom Operational Plan (NCCC) for 2015 as part of the process for operationalizing the National Condom Programming Strategy (2013-2015).
- Coordinated implementation of TB communication activities before, during and after World TB Day celebrations in Gulu. The activities included 3, 750 radio, TV spots and mentions , 24 talk shows as well as community dialogues and mobilization activities (see activity 1.2.4).
- Continued to update the electronic database of HC materials, standardized and produced seed copies of various health communication materials on SMC, condom use, ART, family planning, eMTCT and TB to support MOH and USG IPs in providing accurate information and demand generation activities (*See activity, 1.2.3*).



Health Minister Dr. Elioda Tumwesigye touring a stall for the CHC during World TB Day celebrations in Gulu

Comments/ Challenges:

- During the on-going review of peer education manuals for various audiences, it was observed that different audience groups, particularly KPs need different curricula, formats and more participatory methods that address their unique needs. It was also observed that standards of recruitment, motivation and supervision as well as retention and incentives may need to be standardized which goes beyond the scope of CHC.

Lessons learnt

- Standardization of peer education manuals should focus on simplifying existing content, developing standards, formats and participatory methods to address unique needs of specific audiences such as KPs.

Plans for the next quarter, April – June 2015:

- Finalize the review and standardization of peer education training manuals for priority audiences addressing common peer education standards, unique needs in content, formats and participatory methods.
- Work with USG IPs in the respective MOH-led TWGs to organize and conduct action media sessions with above audiences to review and finalize the materials
- Continue to support MOH and USG IPs to standardize and produce seed copies of HC tools and materials to deepen the reach of on-going health communication interventions on eMTCT, condom use, SMC, ART adherence, TB, SMGL and malaria.
- Continue to update of the electronic database/catalogue of all health communication materials produced
- Continue to work with the BCC WG to co-chair or influence various TWGs on HC campaigns and improve coordination of HC activities.

1.2 Implement the integrated national HC strategy, overarching campaign and operational plan

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

Activities under this cluster are broken down into separate sections as follows:

- Orient OBULAMU Campaign Champions at community level on the platform tools and materials to support rollout of the integrated platform and link demand for and supply of services
- Finalize, field test and produce implementation guides by life stage to support GOU and USG IPs to integrate platform messages, materials and tools in their day-to-day activities
- Develop, test and produce health communication materials including toolkits for audience segments by phase
- Work with GOU and USG IPs to rollout the OBULAMU integrated campaign at national, districts and community levels
- Address needs of KPs through targeted and inclusive HC within the integrated campaign
- Establish partnerships for rolling out HC activities in Karamoja sub-region

Activities accomplished, Comments, Plans for next quarter

- Registered numerous achievements. These, plus comments and plans for the next quarter under sub-activities 1.2.1-1.2.6 below.

1.2.1 Orient OBULAMU Campaign Champions at community level in the integrated platform, materials and toolkits to link supply- and demand side-communication

Organizations Involved:

FHI 360, MOH and USG IPs

Activities Planned:

- Collaborate with USG IPs and DHEs to brief/orient selected champions on IPC, as well as dissemination and orientation on the use of HC materials and job aides
- Continue to update the champion's database with additional champions to further deepen the reach of health communication

Activities accomplished:

- **Orientation of selected champions:** CHC worked with USG IPs and DHEs to orient 2,864 champions on basic skills in inter personal communication (IPC) and disseminated campaign materials and tools. See table below for disaggregated data). These champions were equipped with the following materials;
 - Conversation guide with basic skills in IPC, values clarification tool, referral checklist, supervision tool and code of conduct
 - OBULAMU Life Stage 1 materials on condom use, partner reduction, HTC, SMC, FP, ART and TB

This assertion indicates the feeling of one of the oriented champion:

"Obulamu has been timely we are now going to be more organized and equipped while mobilizing our people in the community"
Champion from Kabwoya – Western Region

Table showing number and type of champions oriented by region during the quarter

CATEGORY	CHC REGION									
	East Central	Central	Western	Northern	West Nile	Karamoja	Eastern	South Western	UHMG	Total
VHTs	257	183	108	152	179	147	197	115	158	1,496
Community Linkage Facilitator	-	-	-	-	-	-	41	60	-	101
Health Workers	67	134	57	15	36	-	39	-	-	348
Local Leaders/ LCs	6	18	-	2	7	-	8	-	100	141
Mentor Mothers	7	43	9	-	-	-	-	-	-	59
VHT Coordinators	8	-	28	-	-	-	-	-	-	36

District Officials	9	16	-	8	4	7	8	-	-	52
CSWs Leaders	-	10	-	-	-	-	-	-	-	10
Fisher Folk Leaders	-	13	-	-	-	-	-	-	-	13
Uniformed Forces Leaders	-	1	2	-	-	148	-	129	-	280
Peer Leaders	-	98	2	-	3	-	88	-	-	191
IP Staff	13	18	-	7	6	23	33	-	-	100
Media Personalities	-	1	36	-	-	-	-	-	-	37
Total	367	535	242	184	235	325	414	304	258	2,864

Comments/ Challenges:

- After-Action-Review sessions with IPs, it was observed that the majority of champions do not have basic knowledge in other health areas outside HIV/AIDS.
- It was also observed that some of the champions earlier identified by IPs are too old and unable to interact with younger audiences.

Lessons learnt

- CHC will need to clarify the role of volunteer champions better, to be focused on referrals and mobilization for campaign IPC activities,
- CHC is working with partners to update the champions' data base with additional champions in the younger age group to cater for different interests of target audiences.

Plans for the next quarter, April - June 2015:

- Continue working with USG IPs and DHEs to orient selected champions on IPC, as well as dissemination and orientation on the use of champion's materials and other HC materials and tools.
- Continue to update the champion's database with additional champions to further deepen the reach of IPC
- Work with USG IPs to establish criteria for identifying and rewarding the best performing campaign champions, and based on performance monitoring data, develop a mechanism for recognizing and celebrating outstanding champions

1.2.2 Develop, field test, and produce implementation guides by phase

Organizations Involved:

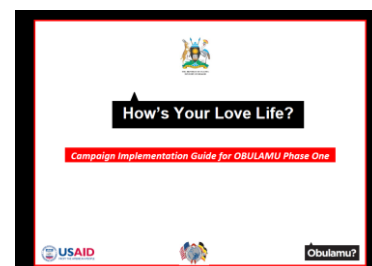
FHI 360, MOH, USG IPs, DHTs

Activities Planned:

- Finalize development and produce implementation guides for life stage one (1) which focusses on young adults in relationships (lovers) and start working on the implementation guide for life stage two (2) which focusses on pregnant women and their partners.

Activities accomplished:

- Finalized the development and testing of the OBULAMU implementation guide for Life Stage 1: "How's Your Love Life?" (See picture to the right) to guide CHC, MOH and IPs in the day-to-day implementation and monitoring of the campaign. The guide includes standards on the required reach and intensity of messaging to achieve behaviour change as well as roles of CHC and partners in the implementation, monitoring and evaluation of the campaign.



- CHC also started on the process of developing implementation guides for life stage 2: "How's Your Pregnancy?" and will be finalizing it next quarter as part of life stage 2 rollout across the

country.

Comments/ Challenges:

- Whereas the implementation guide spells out the role of partners in scaling-up the reach and intensity of HC activities in their locations, some partners are reluctant to reproduce additional copies of HC materials and think that it is CHC's mandate.

Lessons learnt

- CHC will continue to engage these partners on the need to reproduce materials and extend the reach of HC in their areas of operation.

Plans for the next quarter, April - June 2015:

- Continue orienting partners on the implementation guide for Life Stage 1
- Develop, field test and produce implementation guide for life stage 2 and orient national, regional and district level partners, including DHEs on how to use the guide.
- Monitor the use and effectiveness of the developed implementation guides by USG IPs and districts through support supervision visits as well as using a monitoring and audience feedback system.

1.2.3 Develop, test, and produce health communication materials, including toolkits for audience segments by phase

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Build on existing high quality audience appropriate tools and materials developed by other IPs by adapting, re-branding, producing and integrating them into the set of tools for the OBULAMU platform
- Develop, test and produce HC materials and toolkits for life stages 2 and 3 which include; (i) pregnant women and their partners and (ii) care takers of children under five years, respectively.

Activities accomplished:

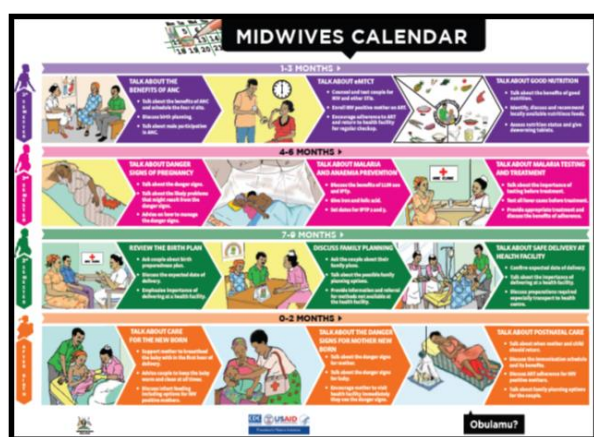
- Finalized the field testing and production of Life Stage 1 materials on; HTC, condom use, SMC, partner reduction, ART, TB and FP as shown in the table below;

No.	Type of material	Number/quantity tested and produced	Languages
1	TV spots (OBULAMU stories) on HTC, SMC, condom use, partner reduction, ART, FP and TB	13 spots/stories	Two languages
2	Radio spots (OBULAMU stories) on HTC, SMC, condom use, partner reduction, ART, FP and TB	9 spots/stories	19 languages
3	Posters on HTC, SMC, condom use, partner reduction, ART, FP and TB	70,000 posters	19 languages
4	Talking points for champions and leaders	4,000 copies	English
5	Revised SMC brochures	50,000 copies	10 languages
6	ART brochures	50,000 copies	10 languages

- Conducted two stakeholder workshops in January and February, 2015 to review existing materials and develop content for Life Stage 2 and SMGL: “How’s Your Pregnancy.” Following the meeting, CHC revisited draft concepts from the “Action Media” session done last year and developed draft materials for Life Stage 2 content areas including;
 - Pregnancy care:** ANC attendance, danger signs, delivery at a health center and return to the health center after delivery
 - Malaria:** Malaria prevention during pregnancy (IPTp 1-3), test and treat malaria during pregnancy
 - eMTCT:** HTC, ART initiation for pregnant women, ART adherence, returning to the health center
 - Newborn care:** Early initiation of breast feeding, cord care and hygiene practices
 - Family Planning:** Postpartum FP, child spacing and male involvement
 - Nutrition:** Nutrition for the pregnant woman and breast feeding mother, among others.



One of the poster concepts for Life Stage 2 which includes messages on eMTCT: Couple HTC, ART adherence and delivering at a health center



- CHC also worked with the Malaria Control Program and the Stop Malaria Project to initiate the process of developing a mid-wife calendar (see picture of DRAFT to the left), client calendar and provider counseling cards to address gaps in client-provider communication. These materials are currently being reviewed by various partners and will be finalized next quarter.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2015:

- Finalize and disseminate Life Stage 2 materials which focuses on pregnant women and their male partners, as well as their influencers.
- Develop concepts and materials for Life Stage 3 which focuses on children under five and addresses issues of nutrition, childhood illnesses and immunization, among others.
- Assess and monitor dissemination and the use and effectiveness of the different materials and toolkits (linked to activity 3.1) through relevant methodologies such as participatory Action Media, feedback meetings with USG IPs and champions, support supervision, field spot checks

1.2.4 Work with GOU and USG IPs to rollout the OBULAMU integrated campaign at national, districts and community levels

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Monitor and document Life Stage 1 rollout through media monitoring, listening surveys, street pulses, field visits and spot checks, pre and post exit interviews for community shows, trends of service uptake through IP and district service data, among others.
- Liaise with USG IPs to focus on areas where they are experiencing low uptake of services, and conduct targeted “OBULAMU Community Shows” and activities linked to service delivery at selected USG IP health centers and outreaches to create demand.
- Using the implementation guides (Activity 1.2.2), provide on-going technical assistance to USG IPs in the day-to-day implementation of the integrated HC platform.

Activities accomplished:

- **Coordinated the participation of USG IPs in campaign activities:** As part of the on-going rollout of the OBULAMU campaign CHC coordinated the participation of USG IPs in various activities, including; champions orientation, radio and TV programs, targeted community shows as shown below.
 - Broadcast and monitored OBULAMU messages on 42 radio stations and two national TV stations (NTV and Bukedde), aimed at referring people to available IP health services. Radio broadcasts included; 30,240 spots, 22,680 DJ mentions and 110 talk shows. TV broadcasts included 1,440 TV spots broadcast on NTV and Bukedde TV. In all a total of 54,470 exposures were broadcast in the quarter reaching an approximate 4.5 million people in Uganda (30 per cent of the adult population in Uganda). The quotes below demonstrate the rollout of the campaign, triggering interest based on smartly designed messages but also show the need for follow-up with more intense IPC to help audience overcome their barriers to action:

“...This is straight forward. They are telling people to test for HIV and men to get circumcised...I don't know who brought these messages but they are good. But for me I have not tested for HIV and I am not circumcised...Leave me alone” A boda-boda man in Kabale town.

“...our health educator for this village brought the poster and pasted it on my door. OBULAMU has attractive messages. The one on SMC is particularly interesting...I have no experience about circumcision but if it makes people happy like the people on the poster, then every man should get circumcised...” Female shop keeper in Ntungamo District

“So you are the people of talking billboards? Oh my God! I know OBULAMU very well... more than any other person. The messages are clear especially one on male circumcision” A female teacher from Kigezi High school, Kabale.

“It (OBULAMU Campaign) has created a buzz; people are talking about it in the offices, in homes, and on the streets. One out of every three people you ask about the campaign, two will have heard or interacted with the campaign both on radio, TV and through outdoor media,” Paul Badya Bwengye, Media Manager of OBULAMU at a local media and advertising agency.

“I hear the radio presenters telling people to go and test for HIV, take your ARVs, don't just medicate your child at home before taking them to the hospital, sleep under a mosquito net,” says the 40 - year old mother of one. “I am even thinking about going to test for HIV/AIDS,” she adds.

- Refreshed print media campaign messages on 420 road stars and street poles in 100 major towns/municipalities in Uganda and added 10 new bill boards on TB in areas with MDR TB such as Kampala, Gulu, Arua, Masaka, Lira and Mbarara.
- Distributed and disseminated 53, 999 health communication materials and job aides to GOU and USG IPs as shown in the table below:-

No.	Type	Health issue	Number Distributed and disseminated
1	Posters	HTC	245
2	Counseling Certificate	HTC	258
3	Flip Charts	SMC	60
4	Brochures	SMC	7,100
5	Grain Sack Chart Sets	SMC	50
6	Clinical Providers Flip Chart	FP	52
7	Flip Charts	ART	22
8	TB Flip Chart	TB	10
9	Community Health Workers Flip Chart	FP	3
10	OBULAMU LS1 Integrated Posters	MCP, ARVs and Condom Use	12,194
11	OBULAMU LS1 Integrated Posters	HTC, FP and SMC	12,196
12	OBULAMU Bumper Stickers	MCP	2,264
13	OBULAMU LS1 Bumper Stickers	ARVs	1,420
14	OBULAMU LS1 Bumper Stickers	Condom use	2,761
15	OBULAMU LS1 Bumper Stickers	HTC	1,442
16	OBULAMU LS1 Bumper Stickers	FP	512
17	OBULAMU LS1 Bumper Stickers	SMC	2,521
18	OBULAMU Bumper Stickers	eMTCT	850
19	OBULAMU LS1 Talking Points for Leaders and Champions	MCP, ARVs, Condom Use HTC, FP, SMC, TB and eMTCT.	2,629
20	Implanon Poster	FP	650
21	Posters	TB	6,760
	Total		53,999

- **Targeted community shows to improve knowledge, motivation and demand for services:** CHC liaised with USG IPs and DHEs to conduct 40 targeted community shows in areas where IPs were experiencing low uptake of services. This was done to address demand generation needs for USG IPs and improve knowledge, motivation/risk perception, skills, norms and supportive environment to adopt relevant health services (SMC, HTC, eMTCT, ART and condom promotion). Key partners included; MUWRP, PACE, Mildmay, STAR-SW, STAR-EC, IDI, Baylor, SPRING, among others. During the community shows, a total of 30,464 people attended and received a range of health information, motivation to access services, skills building sessions, and referral. The table below summarizes key services offered;-

Region	No. of Shows	Attendance	SERVICE NUMBERS									
			HTC	First Time Testers	HIV Positive	Enrolled into Care	SMC	Condoms Distributed	TB screening	FP	ANC	Nutrition Assessment
Central	9	4,691	3,350	1,488	148	121	116	73,978	2	364	33	0
Eastern	5	3,872	2,616	544	82	82	7	117,240	2,296	152	0	0
Northern	1	2,328	1,930	1,092	29	41	281	2586	11	232	159	178
West Nile	4	3058	1,314	419	27	27	52	20,505	69	150	0	510
South Western	4	2055	1342	1,822	31	29	50	9,924	13	37	102	327
East Central	8	4737	3,160	1,303	102	92	341	78,540	36	74	203	170
Western	9	9723	6,028	2,478	138	107	107	84,680	0	312	307	0
Total	40	30,464	19,740	9,146	557	499	954	387,453	2,427	1,321	804	1,185

Comments/ Challenges:

- After-Action-Review sessions with various IPs indicated the need to further segment and target specific audience groups that are more critical to USG IPs and address gaps in demand generation.

Lessons learnt

- Community shows have been very successful in mobilizing and referring people to available services offered by IPs. However, the IPs were not always prepared and able to satisfy the increased demand for products and services. More coordination is needed with them as this can have negative effects on the demand creation efforts. Furthermore, there is need for to monitor impact beyond the community show event to find out changes in knowledge, motivation and continued uptake of services.

Plans for the next quarter, April – June 2015:

- Monitor and document the impact of targeted community shows on changes in knowledge, motivation and uptake of services
- Continue liaising with USG IPs to focus on areas where there is low uptake of services, and conduct targeted “OBULAMU Community Shows” and activities linked to service delivery at selected USG IP health centers and outreaches to create demand.
- Work with GOU, USG IPs and other stakeholders to conduct phased implementation of life stages 2-4
- Using the implementation guides (Activity 1.2.2), provide on-going technical assistance to USG IPs in the day-to-day implementation of the integrated HC platform.

1.2.5 Address the needs of KPs through targeted inclusive HC with integrated campaign

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

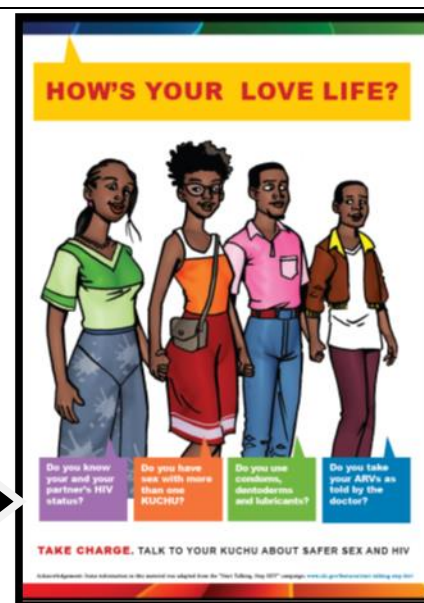
Activities Planned:

- Develop, tailor or adapt materials specific to each KP groups, for example work with SHARRY and Spectrum to adapt existing materials from CDC on condom use, HTC, disclosure and ART to suit their specific needs
- Orient KP champions
- Work with USG IPs and the above KPs groups to rollout the integrated campaign through one-on-one and group IPC activities targeting KPs audiences, champions and peer leaders (*Linked to activity 1.2.4*)

Activities accomplished:

- Drafted and pre-tested KP materials including; posters, flyers, stickers, conversation starters and audio and video testimonies for fisher folk, MSM, FSWs, truckers and uniformed forces. These materials are currently being produced for dissemination to the various KP groups.
- Oriented 494 KP champions including; Female Sex workers, Fisher folks uniformed forces and peer leaders (*see activity 1.2.1*).
- Conducted four community shows targeting fisher folk, sex workers and peer leaders in Kasenyi, Kiyindi and Ssenyi landing sites and reached over 1,600 KPs with services (*see activity 1.2.4 above*).

Cover of the MSM conversational starters on HTC, condom use and ART



Comments/ Challenges

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2015:

- Work with USG IPs and identified KP groups to rollout the integrated campaign through one-on-one and group IPC activities targeting KPs audiences, champions and peer leaders (*linked to activity 1.2.4*)

1.2.6 Establish partnerships for deepening HC activities in Karamoja

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Hold meetings with key USG IPs in Karamoja implementing HIV/AIDS, FP, MCH, Nutrition, Malaria and TB to customize and localize implementation guides, rollout plans, tools and materials to suit the local context
- Work with USG IPs and GOU partners to conduct orientation of Campaign Champions and train them on use of localized integrated materials and tools for life stage 1-4 (*linked to activity 1.2.1*)
- Work with specialized agencies such as; Straight Talk Foundation and Peripheral Vision International to produce local radio programs, local videos and voices that depict ordinary lives in Karamoja and integrate HC messages
- Through regional offices, monitor the above activities and document best practices, success and lessons learnt in implementing HC in the region and share with partners in the BCC WG and other KM platforms.

Activities accomplished:

- In collaboration with MOH, oriented 27 IPs and seven DHEs from the districts of Moroto, Kotido, Kaabong, Nakapiripirit, Napak, Abim and Amudat in Karamoja on the OBULAMU campaign on February 9-10, 2015 (*see photo to the right*).
- After the orientation meeting, CHC held one-on-one meetings with key IPs such as Baylor, World Vision, CUAMM, Straight Talk, Foundation, RTI/UPDF and Concern Worldwide and developed schedules for orienting campaign champions and conducting target community shows in Moroto and Kotido. These activities will be implemented next quarter.



Assistant Commissioner for HP&E (MOH) Dr. Paul Kagwa introducing the OBULAMU campaign to IPs and DHEs during Karamoja Regional Stakeholders' Workshop in February 2015



- In collaboration with Karamoja language board, adapted OBULAMU Life Stage 1 materials, including; posters, radio spots and stickers (*see poster on the left*) in Ngakaramajong and disseminated them to DHEs, health centers, campaign champions and IPs in the region.
- Placed two bill boards and 12 road stars and branded four kiosks in Moroto and Kotido to re-enforce campaign messages already running in the media.
- Broadcast a total 1,440 of radio spots 1,080 DJ mentions on Nenah FM and All Karamoja FM and referred people to available services offered by partners.
- Updated the champion data base with 349 new champions including; Manyatta and Kraal leaders and local leaders. These will be oriented in the campaign rollout and given relevant campaign materials and tools.

Comments/ Challenges:

- During the February workshop, it was agreed that due to the low literacy levels in Karamoja and shortage of billboard and road star space in the region, the majority of health communication activities should prioritize visual and word-of-mouth (interpersonal) communication through Music, Dance and Drama as well as visual items (posters, video) that reflect local settings, with familiar dress codes, personalities.

Lessons learnt

- N/A

Plans for the next quarter, April – June 2015:

- Work with USG IPs and GOU partners to conduct orientation of Campaign Champions and train them on use of localized integrated materials and tools for life stage 1-4 (*linked to activity 1.2.1*)
- Work with specialized agencies such as; Straight Talk Foundation and Peripheral Vision International to produce local audio and video content, that depict ordinary lives in Karamoja and integrate HC messages
- Monitor activities and document best practices and lessons learnt

1.3 Develop and implement a HC capacity strengthening program for GOU entities, IPs and creative agencies**Organizations Involved:**

FHI 360, MOH, DHTs and USG IPs

Activities Planned:

- Finalize and commence implementing the CS plan alongside the rollout of the OBULAMU campaign
- Finalize adaptation of the SBCC training manual for frontline health workers
- Provide tailored SBCC training of trainers using the C-Change training package beginning with the online version which will be followed by instructor-led learning in subsequent quarters.
- Work with regional offices and the National Technical Assistance Coordinators (NTACs) to provide on-going technical assistance and tailored CS to USG IPs in their regions to implement the OBULAMU integrated campaign (*linked to activity 1.2*)

Activities accomplished:

- Drafted a capacity strengthening plan for IPs, GOU and creative agencies in preparation for a systematic rollout of CS activities. The CS plan includes;
 - Facilitated and self-paced SBCC training based on Communication for Change (C-Change) C-Change SBCC modules
 - Hands-on training in materials development for selected MOH and IP staff which will be conducted in partnership with AfriComNet & Makerere University School Journalism and Communication.
 - Basic IPC skills for health workers integrated in CMEs based on the adapted C-Change training manual for frontline health workers
 - Basic IPC skills and use of data for DHEs
 - On-going TA to IPs as part of the OBULAMU rollout
 - S.O.Ps and orientation to MOH & UAC materials review and approval teams

- Facilitated a self-paced SBCC training based on C-Change SBCC course for both CHC staff and DHEs. The number of staff/DHE completing the course will be reported in the next quarter, the deadline for course completion. This is illustrated in the quote below:

“I found this course very nice and relevant to our work and It would be good for everyone engaged in community work” DHE Ntoroko upon completion of SBCC online course

- Based on the above CS plan, CHC developed an SBCC training schedule for training of trainers using the C-Change training package scheduled to take place in April-May 2015. This will be followed by training of 20 IPs

and GOU staff.

Comments/ Challenges:

- N/A

Plans for the next quarter, April - June 2015:

- Finalize the capacity strengthening plan and discuss with IPs
- Develop training schedule and conduct training of trainers using C-Change's training package
- Cascade the SBCC training to select members of the BCC WG, USG IPs and GOU using the above SBCC package
- Based on the developed CS plan;
 - Conduct hands-on training in materials development for selected BCC WH, MOH and IP staff who attend the above SBCC course
 - Conduct on-going orientation of health workers in basic IPC skills using the adapted C-CHANGE training manual for frontline health workers
 - Conduct DHE regional workshops which will include training and orientation on basic IPC skills and use of data for decision making
- Provide on-going technical assistance and tailored CS to USG IPs in their regions to implement the OBULAMU integrated campaign (*linked to activity 1.2*).

Intermediate Result 2: Improved coordination of Health Communication interventions

2.1: Support the MOH to expand and strengthen the National BCC working Group as a sustainable HC coordination forum

Organizations Involved:

FHI 360, MOH, USG IPs

Activities Planned:

- Revisit concept of revitalized WG, and discuss calendar of events formulated around HC processes of review and standardization of HC and subsequent coordination of partners activities
- Continue to provide logistical and technical support to the national BCC WG and MER/KM task force to hold regular meetings (at least quarterly) to review and standardize HC materials developed for the OBULAMU Campaign and by IPs
- Continue to work with the BCC WG to co-chair and influence several national level TWGs on identified HC issues e.g. eMTCT, SMGL, ART Communication, Malaria, SMC-Prepex, FP and TB (*linked to activity 1.1*)
- Orient BCC WG members and specialized TWG members with the OBULAMU implementation guides (*described in activity 1.2.2*)
- Disseminate the BCC WG Concept, TORs and SOPs including the annual calendar to members of the BCC WG and TWGs.

Activities accomplished:

- Supported MOH to host the BCC WG meeting on March 18 which was attended by 25 members from MOH, IPs and development partners. The meeting reviewed and approved the following;
 - BCC WG concept which streamlined membership and functionality of the WG from a bigger WG composed of many members to a smaller WG that focuses on technical aspects of SBCC with links to MOH thematic WGs.
 - BCC WG annual activity calendar which includes skills building, field visits and learning for technical BCC WG members.
 - T.O.R for the M&E/KM task force
- CHC continued to co-chair and influence various communication WGs at MOH which reviewed and approved health communication materials on Life Stage 1 and 2 and streamlined planning and coordination of on-going health communication activities such as World TB Day, eMTCT launch as well as condom promotion (*see activity 1.1 for details*).

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2015:

- Disseminate BCC WG SOPs to members
- Continue to provide logistical and technical support to the national BCC WG and MER/KM task force to hold regular meetings (at least quarterly) to review and standardize HC materials developed for the OBULAMU Campaign and by IPs
- Continue to work with the BCC WG to co-chair and influence several national level TWGs on identified HC issues e.g. eMTCT, SMGL, ART Communication, Malaria, SMC, FP and TB (*linked to activity 1.1*)
- Orient BCC WG members and specialized TWG members with the OBULAMU implementation guides (*described in activity 1.2.2*)

2.2 Strengthen District Capacity for Coordination of HC Implementation at District Level

Organizations Involved:

FHI 360, DHTs and USG IPs

Activities Planned:

- Provide technical assistance to DHEs, district based USG IPs and other district HC partners in the day-to-day implementation and monitoring of the OBULAMU campaign
- Equip DHEs with necessary skills and tools to enable them spearhead HC coordination at the district level including tailored SBCC training programs (linked to activity 1.3)
- Host regional semi-annual meetings and learning for a for DHEs to enable them share experiences, compare notes and learn from each other on how to coordinate and improve HC in the district
- Set-up regional/sub-regional Google Groups and list serves of DHEs and other HC partners to facilitate and enhance knowledge management and sharing of information on the campaign

Activities accomplished:

- Provided on-going technical assistance to DHEs, district based USG IPs and other district HC partners in the day-to-day implementation and monitoring of the OBULAMU campaign. This was done through;
 - Orientation of DHEs and IPs on the OBULAMU campaign and the use of Life Stage 1 and champions materials
 - Conducted district based T.O.T sessions for DHEs in 19 districts on champion's orientations and co-facilitated champions orientation sessions with DHEs (*see activity 1.2.1*).
 - Worked with DHEs in planning and hosting 40 targeted community shows that link supply and demand for health services in areas where districts and IPs are experiencing low uptake of services (*see activity 1.2.4*)
 - Facilitated DHEs in 25 districts with talking points and radio talk show outlines on condom use, SMC, ART, TB, FP, safe motherhood, eMTCT and immunization. During the quarter, a total of 11 DHEs appeared as guests on various radio talk shows and used the developed talking points and guides as exemplified in the quote below;.

"...I received the talking points and used them for the radio talk show yesterday at life FM, they were very helpful and so did Tom Kulumba..." Baylor's Dr. Immaculate Dumba in an email about CHC's support

- Developed plans for the semi-annual DHE regional meetings which will take place next quarter.
- Set-up regional/sub-regional Google Groups and list serves of DHEs in northern Uganda (Lango and Acholi sub regions) and western region to facilitate and enhance knowledge management and sharing of information on health communication.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, April - June 2015:

- Provide technical assistance to DHEs, district based USG IPs and other district HC partners in the day-to-day implementation and monitoring of the OBULAMU campaign
- Equip DHEs with necessary skills and tools to enable them spearhead HC coordination at the district level including tailored SBCC training programs (linked to activity 1.3)
- Host regional semi-annual meetings and learning for a for DHEs to enable them share experiences, compare notes and learn from each other on how to coordinate and improve HC in the district
- Support functionality and set-up more regional/sub-regional Google Groups and list serves of DHEs

Intermediate Result 3: Increased Research and Knowledge Management to Enhance Health Communication

3.1 To obtain scientific evidence to support a robust learning agenda

3.1.1 Establish and convene an M&E Research Task Force
<p>Organizations Involved: FHI 360, MOH</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> Follow-up task force endorsement by BCC WG Conduct HC MER/KM capacity assessment with members of the Task Force to facilitate identification of relevant capacity strengthening needs Initiate task force orientation in 1) basic skills in research and M&E for SBCC programming and 2) M&E and research review guidelines/SOPS Convene quarterly to review HC-related and service data such as HMIS/DHIS2 and LQAS, and link these with the CHC-led learning agenda.
<p>Activities accomplished:</p> <ul style="list-style-type: none"> Task force TORs formally endorsed at the last BCC WG meeting of March 18, 2015. NB: MER/KM Task force convener (MOH HPED Official) had failed to read the TORs. BCC WG allowed a grace period him to independently acquaint himself with the content to pave way for task force operations. In the meantime CHC pursued this activity internally as follows <ul style="list-style-type: none"> Oriented the regional teams on data management for extraction and use of LQAS 2014 and HMIS data for OBULAMU campaign rollout Reviewed HMIS data and LQAS 2014 report to inform targeted rollout of OBULAMU activities in collaboration with IPs, for example, through Community Shows (<i>links with Activity 3.1.3b and IR1; Activity 1.2; 1.2.1 – 1.2.6</i>). NB: While review of data could not materialize as part of MER/KM task force schedule due to BCC WG-linked delays (<i>see challenges below and in the immediately preceding bullet point</i>), CHC staff undertook this as part of standard on-going component of OBULAMU implementation rollout.
<p>Comments:</p> <ul style="list-style-type: none"> Components of activities targeting the MER/KM task force could not take place pending BCC WG endorsement of MER/LM task force TORs. However, CHC effectively conducted desk review of HMIS, LQAS 2014, published literature and incorporated insights from IPs in selected sites to inform targeted rollout of Integrated HC activities (<i>links with IR1; Activity 1.2; 1.2.1 – 1.2.6</i>). Actions to expedite activities with MER/KM task force: Capacity assessment questionnaires to be sent to members concurrently with notification of the next meeting, projected for late May 2015. Members will complete and send back questionnaires for analysis before the meeting. The meeting will discuss results and propose orientation modules and calendar to be implemented through learning by doing during task force meetings. Activities will align with that of the BCC WG for seamless learning and action.
<p>Lessons learnt</p> <ul style="list-style-type: none"> Processes of working with partners at the higher tiers of coordination e.g. the BCC WG level can get protracted and cause undue delay. To ensure relevance especially where skills and/or insight is most critical i.e. the implementation site, CHC has arranged to extend activities to cover CHC regional offices and working with District Health Educators (DHEs) to periodically review OBULAMU rollout and effects e.g. through HMIS data
<p>Plans for the next quarter, April - June 2015:</p> <ul style="list-style-type: none"> Conduct HC MER/KM capacity assessment with members of the Task Force to facilitate identification of relevant capacity strengthening needs

- Implement learning by doing MER/KM CS through leverage of related learning opportunities
 - Review of CHC performance, for example analytical assessment trends in HMIS vis-à-vis progress with OBULAMU rollout. Discussion of changes in context, and reflection on progress.
 - Encourage task force members to attend CHC/AfriComNet community of practice (CoP) open learning forum (links with Activity 3.2.3)

3.1.2 Generate strategic research and evaluation questions

Organizations Involved:

FHI 360

Activities Planned:

- Work with the Task Force, WG and periodically co-opted stakeholders to generate and/or refine strategic research questions based on review of HC program and research experiences

Activities accomplished:

- MCH-focused desk review question to assess KAP around maternal and child health in Northern Uganda. This informed targeted SMGL activities covering additional six districts (Apac, Dokolo, Gulu, Lira, Nwoya and Pader) in Northern Uganda. (*Links with 3.1.3 (a) Activity 5*)
- Worked with USAID Strategic Information (USAID-SI) Office and the USAID Learning Contract (QED) during development of the CHC Learning Agenda to brainstorm research and evaluation questions and methodologies outlined in the YR2 work plan. Currently revising the learning agenda.

Comments:

- See comments and measures to expedite progress in Activity 3.1.1 above

Lessons learnt

- N/A

Plans for the next quarter, April - June 2015:

- Work with the Task Force, WG and periodically co-opted stakeholders to generate and/or refine strategic research questions based on review of HC program and research experiences. This is an on-going activity running throughout the quarters.

3.1.3 a) Design and implement customized research methodologies

Organizations Involved:

FHI 360

Activities Planned:

- Obtain research approval from office of the President (Application submitted by UNCST in January 2015).
- Train data collectors on baseline data collection, complete data collection in year 2, analyze data and develop a baseline report
- Continue to conduct participatory formative research using Action Media Approach, FGDs, key informant interviews, and social network analysis with selected priority groups including MARPs married couples, women of reproductive age and youth
- Lead the design and implementation of methodologies customized to the identified research questions and responsive to new M&E Research questions emerging from HC program implementation and from the M&E research

Activities accomplished:

- Getting the evaluative survey underway: 1) Initial ethical approvals for evaluation survey obtained (FHI 360, MakSPH, UNCST); 2) Recruited – and in collaboration with Ministry of Health – Health Promotion and Education Department (MOH HPED) – trained 56 data collectors and 8 field supervisors; 3) Pre-tested data collection tools in Jinja district; 4) Programmed and tested survey questionnaires in digital data management software
- Conducted desk review of KAP on maternal and child health in Northern Uganda to inform HC on expanded SMGL activities covering additional six districts (Apac, Dokolo, Gulu, Lira, Nwoya and Pader) in Northern Uganda (*Links with 3.1.3 (a) Activity 5*)
- Targeted review of HMIS data to inform OBULAMU rollout through community shows (*links with Accomplishments in Activity 3.1.1*)

Comments/ Challenges:

- Approval from the Office of the President (OP) usually takes an unspecified period running into months. However, we have put in mechanisms with support of UNCST and Resident District Commissioners to begin field work in April 2015 as soon as ethical approval of revised sampling plan is obtained.

Lessons learnt

- Desk review of HMIS trends and published research ably met the need for additional data. Staff and IPs in selected sites where community shows were conducted have thus appreciated these readily available data sources to guide targeted intervention decisions. MER unit now want to target on-boarding DHEs into review and use of HMIS data as part of support during online SBCC training (C-Modules) in districts that have embarked on the coursework.

Plans for the next quarter, April - June 2015:

- Follow-up on approval for evaluative survey from Office of the President
- Complete data collection in quarter 3, analyze data, and generate descriptive analysis tables
- Continue a learning/needs-based approach in tandem with OBULAMU programming to anticipate and respond to emerging formative research questions amenable to participatory approaches and/or desk review.
- Lead the design and implementation of methodologies customized to the identified research questions and responsive to new M&E Research questions emerging from HC program implementation and from the M&E research (*Linked to 3.1.2*)

3.1.3 b) Implement project Performance Management Plan (PMP)

Organizations Involved:

FHI 360

Activities Planned:

- Obtain USAID approval of PMP
- Follow-up with MOH Resource Centre leadership to conclude discussions on prospects for collaboration in VHT reporting and support via mobile systems.
- Conduct Timeline 1 (baseline) survey for process, outcome, and impact evaluations
- Finalize, field test, and refine program monitoring tools based on the OBULAMU implementation plan (*Links with Activity 1.2*)
- Adapt and test FHI 360's intervention cost template and fast track use as an intervention cost tracking tool to closely document material and technical inputs of the HC intervention with sufficient detail.
- Continue to monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

Activities accomplished:

- Behavioral, communication, and capacity strengthening indicators to be included in the USAID Performance Reporting System (PRS) cleared by USAID SI Advisor
- Revision of the narrative containing the M&E system, learning agenda, and communication plan on process
- All program monitoring data collection and reporting SOPs and templates consolidated into one document and

<p>project team briefed on uses (links with OBULAMU implementation plans, Activity 1.2). FHI 360's intervention cost template (also intervention tracking tool/template) is part of the kit</p> <ul style="list-style-type: none"> Followed-up with MOH Resource Center leadership confirmed a plan to pilot the Community Health Management Information System (C-HMIS) in four districts in West Nile region in Q3. MOH suggested CHC could collaborate through per diem support for selected officers from Kampala (at Activity Kickoff), as well as send regional staff to participate in the exercise.
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> Evaluative survey start-up delay caused by need to change sampling plan following inability to access household data from UBOS (this had been preferred by the IRB at first review of the proposal). This involved resubmission of the protocol for approval per standard international research ethics guidelines governing FHI 360 and local IRBs (Links with Activity 3.1.3a).
<p>Lessons learnt</p> <ul style="list-style-type: none"> N/A
<p>Plans for the next quarter, April – June 2015:</p> <ul style="list-style-type: none"> Finalize the MEL-Plan narrative containing the M&E system, learning agenda, and communication plan Convene CHC staff quarterly portfolio review meetings to discuss progress and action plans for application of learning/insight from implementation and progressive results Conduct evaluative survey #1, clean data and run descriptive frequency tables for preliminary insight into status of key behavioral variables Collaborate with MOH Resource Centre leadership to kick-off the piloting of C-HMIS in selected districts in West Nile region. Update program monitoring tools based on the phased OBULAMU implementation plan (<i>Links with Activity 1.2</i>) Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

3.1.4 Collaboration and research capacity strengthening with partners
<p>Organizations Involved:</p> <p>FHI 360</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> Use a SWOT analysis focus to update the capacity assessment initiated under the Audit of HC (Linked to 3.1.3a and 3.1.3b) Spearhead development of capacity strengthening plans suited to the purposes of a) the BCC WG and MER/KM task force, and b) collaboration with institutions of higher learning. Initiate different segments of TA and progressively build-up momentum (with WG and Task force, Universities) Identify and take high performing Masters Student candidates onto internship programs closely coordinated by CHC, MER/KM Task Force, and the specific institution of higher learning
<p>Activities accomplished:</p> <ul style="list-style-type: none"> Participant feedback from the last Community of Practice (CoP) event convened by AfriComNet in March 2014, titled “<i>Integrating Social Media into Health and Development Communication</i>”, validated Audit insights that monitoring data is often de-linked from on-going implementation. OBULAMU rollout with partners also

<p>suggest tendency to only look at point-in-time results e.g. number of services delivered at a community outreach and not necessarily review of MER data from ongoing service delivery. Together with AfriComNet we identified the immediate CS need to demystify the monitoring aspect of <i>implementation and monitoring</i> i.e. what really is monitoring with a focus on results? See plans to pursue this CS through activity 3.2.3.</p> <ul style="list-style-type: none"> • Held initial discussions for collaboration with Uganda Christian University (UCU)-Mukono, and AfriComNet with regard to approaches to identify candidates for fellowships • Drafted concept and initiated discussions with Makerere and UCU-Mukono for research collaboration fellowships.
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> • Initial discussions with Makerere University have not yielded any progress. CHC suspects this may be because the proposed collaborations do not involve funds going into the University programs. Essentially, this activity has close links with 3.1.1 and 3.2.3. In view of challenges experienced with these three activities, and the successful actions deployed to expedite progress in activities 3.1.1 and 3.2.3 from a different approach (<i>see activity specific lessons learned and plans for the next quarter</i>) CHC wishes to pursue this with a focus on private institutions such as UCU-Mukono and AfriComNet and open learning networks such as those proposed in Activity 3.2.3. CHC aims to include Mildmay Centre which runs a training program and already has linkages with AfriComNet which we have established a working relationship with.
<p>Lessons learnt</p> <ul style="list-style-type: none"> • Developing collaborations with public institutions has not been successful. While senior department staff/heads will indicate interest in face-to-face meetings, they fail to commit when documented engagement processes are initiated. It appears public institutions do not perceive mutual benefit except in the exchange of the financial resource purse. Perhaps this is an area in which we should review deliverables/expectations.
<p>Plans for the next quarter, April - June 2015:</p> <ul style="list-style-type: none"> • Spearhead capacity strengthening plans suited to the purposes of a) the BCC WG and MER/KM task force, and b) collaboration with institutions of higher learning to align with proposed revised approaches in Activities 3.1.1 and 3.2.3. • Initiate different segments of TA and progressively build-up momentum to align with proposed revised approaches in Activities 3.1.1 and 3.2.3. • Identify and take high performing Masters Student candidates onto internship programs to align with proposed revised approaches in Activity 3.2.3

3.2 To support knowledge management of a robust learning agenda

3.2.1 Implement a KM strategy as part of the OBULAMU platform
<p>Organizations Involved: FHI 360</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> • Revisit discussions with MOH and BCC WG for consensus on an online survey to document partner's use of online sources. An entry point for discussion will be, for example, the first CHC Newsletter distributed through a listserv in December 2014. • Complete review of data visualization applications, award winning firm, initiate assessment/collation of accumulated and new data, create data policy, and generate a status report to inform preliminary development of a CHC digital data platform. • Hold a workshop with the BCC WG and co-opted partners to get consensus on a KM strategy, whose main tool will be the digital data platform. • Initiate implementation of the KM Strategy through networks and platforms identified at national, regional, and district levels

Activities accomplished:

- Online survey concept finalized. Scheduled to be circulated to members in Q3. **NB:** Activities of the BCC WG were recently streamlined through a CHC-guided learning based activity calendar, endorsed in March 2015.
- Active dissemination/learning platforms:
 - BCC WG and Thematic TWGs (*links with IR2; Activity 2.1*)
 - CHC Regional workshops with IPs for Orientations and Action Planning for collaborative rollout of the Integrated HC Platform and OBULAMU Implementation Guides (by Life Stage) – *links with IR1; Activity 1.2; 1.2.1-1.2.6*
 - CHC e-Newsletters highlighting CHC activities, research, OBULAMU rollout, and regional workshop calendars, all with links to relevant CHC knowledge products on FHI 360 website;
 - After Action Reviews (AAR) with staff following initial community shows and champions orientation in CHC Central Region have informed revisions to the two activities and further rollout in other regions
 - CHC staff quarterly review and learning workshops; a 2-day event scheduled for every eighth/ninth week of a given activity quarter. These have been in operation since Q4/YR1.
- Digital/web-based program visibility platforms under development:
 - Contract for development of data visualization platform in advanced contract negotiation stages with a projected start date of May 1, 2015, and six month period within which the dashboard should be populated with data for testing with staff and IPs.
 - CHC webpage on FHI360 website in advanced stages of development. In the meantime, CHC has applied for USAID approval of a CHC HC Campaign website to facilitate flexibility on website content.
- Narrative of the Learning Agenda and Communication Plan is near completion; incorporating feedback from USAID Strategic Information (SAID SI) and the USAID Learning Contract (QED) – *links with Activity 3.1.3b.*

Comments/ Challenges:

- N/A

Lessons learnt

- Learning with partners during community shows, and CHC emphasis on data use for decisions on site selection has received good feedback from participating partners. Partners seem ready to adopt data for decision-making if someone can simplify and visualize the data for them, through for example, charts (see Activity 3.2.2)

Plans for the next quarter, April - June 2015:

- Follow-up on application for USAID endorsement of CHC HC campaign website
- Implement the learning agenda through networks and platforms identified at national, regional, and district levels. The communication plan will inform this process, to make it systematic.
- Work with AfriComNet 1) to spearhead consolidation, development and/or strengthening of various communities of practice incorporating national and regional levels 2) Use social media tools (including Facebook, Twitter, YouTube, Google groups etc.) to alert users to new materials posted on Webpages, project news, and discussions from the Communities of Practice, and 3) training for BCC WG Secretariat and MOH Resource Centre staff in social media use and on how to use and update links on the MOH website to the HC data visualization dashboard and the OBULAMU webpage.
- Monitor and document the learning agenda

3.2.2 Develop Knowledge products for dissemination**Organizations Involved:**

FHI 360, MOH

Activities Planned:

- Spearhead development and field testing (where applicable) of KM products
- Review of products by target audiences prior to their dissemination
- Disseminate KM products, with any necessary orientation incorporated through the mechanism of the WG/Task Force and regional platforms, after-action review workshops with staff/IPs, and the OBULAMU

web repository
<p>Activities accomplished:</p> <ul style="list-style-type: none"> Knowledge products include <ul style="list-style-type: none"> CHC e-Newsletter (also a knowledge dissemination vehicle providing links to research and program product links on CHC webpage currently hosted on FHI 360 website) CHC rapid assessment reports reviewed by USAID/AOR and disseminated through the CHC webpage CHC Participatory Action Media (Research and Materials Development) reports/power point presentations shared with collaborating partners and disseminated through the CHC webpage CHC HC materials field-tested, cleared with MoH/UAC, produced, and disseminated to partners (<i>links with Activity 1.2.3</i>). NB: Field test reports are bulky; available for review on request. Desk review summary report to support expanded SMGL activities in Northern Uganda Targeted charts from 2014 HMIS data, disaggregated by region and other disaggregation in DHIS2 platform to inform OBULAMU Life Stage I rollout include; <ul style="list-style-type: none"> ANC 4th Visit Percentage of children born with HIV Health unit delivery rate HIV prevalence among pregnant women IPT2 coverage Malaria deaths of children under 5 years Malaria in pregnancy Maternal deaths Total family planning users Underweight rate for children under 5 years Under 5 infant mortality rate
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> N/A
<p>Lessons learnt</p> <ul style="list-style-type: none"> N/A
<p>Plans for the next quarter, April - June 2015:</p> <ul style="list-style-type: none"> Spearhead development and field testing (where applicable) of KM products. CHC will prioritize resting products for Life Stage 4 (adolescents 15-19y) Review of products by target audiences prior to their dissemination Disseminate KM products, with any necessary orientation incorporated through the mechanism of the WG/Task Force and regional platforms, after-action review workshops with staff/IPs, and the OBULAMU web repository

3.2.3 Facilitate Communities of Practice
<p>Organizations Involved:</p> <p>FHI 360</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> Wrap up discussions with AfriComNet for collaboration with CHC on community of practice and development of a fellows' mentorship program. Spearhead exploration of the potential for local graduate students (Uganda Christian University-Mukono, International Health Sciences University, MildMay, AfriComNet collaboration) who are enrolled in modules relevant to this activity to serve as community of practice fellow(s) at various implementation levels and facilitate an online community of practice: <ol style="list-style-type: none"> Develop of Scope of Work for fellow(s) Develop selection criteria/ process for the community of practice fellow(s)

iii) Recruit and commence training/mentoring on facilitation techniques for the community of practice

Activities accomplished

- In collaboration with AfriComNet, began the process for a two-hour Community of Practice (CoP) for SBCC practitioners, media, and students and others. The CoP is an open forum scheduled to run every two months; 3-4:30pm in the second week of the given month. The first event confirmed for May 2015 will have three panelists leading a discourse on the basics of effective SBCC design and implementation. The second event estimated to occur in July 2015 will follow-up this discourse by covering the basics of effective program implementation and monitoring. Thereafter the meetings will schedule topics based on emerging issues in SBCC, rollout of OBULAMU campaign, or matters of particular interest to members.
- In collaboration with MCH Cluster, convened and facilitated a roundtable discussion: “Increasing access to reproductive health information and services for young people in Uganda” during the UCU-Mukono Save the Mothers Alumni meeting of February 19, 2015. The draft report is complete and has been shared with the MCH cluster for input on recommendations prior to circulation to roundtable participants. The expected outcome is an MCH-focused open forum CoP, to be informed by the priorities of the MCH cluster and emerging insights from OBULAMU Campaign rollout. (*Links with Activity 3.2.4*)
- Developed scope of work for CoP fellows and selection criteria
- Held initial discussions for collaboration with AfriComNet to identify high performing Masters students as candidates onto internship program. The CoP above is a key platform for identifying and mentoring fellows.

Comments/ Challenges:

- Pursuit of collaborations with Makerere University’s Schools of Social Studies and Journalism have not yielded fruit. Indication of interest during face-to-face discussions has not been followed with commitment when we introduce documented discussion through, for example, email. CHC thinks there is hesitation in the absence of discussions involving exchange of funds, which is not part of the project workplan. In view of this, CHC is focusing on opportunities for collaboration through “non-public” networks such as AfriComNet, UCU-Mukono, and potentially Mildmay Centre until further notice. However, in view of related avenues CHC MER unit is pursuing with AfriComNet for partners SBCC CS through Makerere University under links with Activity 1.3.

Lessons learnt

- N/A

Plans for the next quarter, April - June 2015:

- Spearhead exploration of the potential for local graduate students (Makerere University, UCU-Mukono, International Health Sciences University, MildMay, AfriComNet collaboration) who are enrolled in modules relevant to this activity to serve as community of practice fellow(s) at various implementation levels and facilitate an online community of practice:
 - i) Review selection criteria/ process for the community of practice fellow(s) based on outcomes of the first open forum COP with AfriComNet (see Accomplishments above)
 - ii) Recruit and commence training/mentoring on facilitation techniques for the community of practice
- Hold open forum community of practice meeting in May 2015
- Consolidate SOW for collaboration with AfriComNet

3.2.4 Support regional and national dissemination and advocacy events and monitor efforts

Organizations Involved:

FHI 360

Activities Planned:

- Spearhead TA support to regional and national KM events in priority districts e.g. CHC evaluation districts, districts generating best practices, districts identified to be in dire need of TA and are supported by USG IPs
- Facilitate active participation of WG/Task Force at national and regional conferences and other fora on HC; e.g. sponsor roundtable discussions and identify discussants develop and make presentations with a clear focus on

<p>methodological steps and take home messages</p> <ul style="list-style-type: none"> Initiate online surveys to obtain feedback on KM efforts, with a focus on measuring: what works best, in what areas, and how/why?
<p>Activities accomplished</p> <ul style="list-style-type: none"> Streamlined documentation and reporting templates for OBULAMU community shows [materials distribution, Inter-personal communication, health services offered] (Links with IR1 Activity 1.2.4). All related regional dissemination events held in tandem with OBULAMU rollout activities are reported in IR1, Activity 1.2.4. Supported after-action reviews and re-planning, with a focus on assessment of what worked best, what did not go so well, and action steps for improvement (Links with Activity 3.2.1 and IR1 Activity 1.2.4). In collaboration with AfriComNet, completed an online survey to initiate an open learning forum (community of practice) that will contribute to discourse on OBULAMU activities e.g. implementation experiences and implications for program scale up/replication, learning and adaptation, among others (Links with Activity 3.2.3) Displayed and distributed HIV/AIDS and TB SBCC print and audio-visual materials at the March 2015 Uganda AIDS Commission launch of the National AIDS Documentation and Information Centre (NADIC). NADIC is a one stop HIV/AIDS information resource center. It includes a physical library, a web-portal with a monitoring and evaluation database, a local research repository, monitoring and mapping database, online public access catalogue as well as the latest HIV/AIDS news and information. This portal provides another opportunity for CHC to disseminate HIV/AIDS knowledge products beyond the network of USG IPS. Verbatim feedback from a participant who collected materials from the CHC desk: <i>“We need these materials, especially on ART adherence. Our clients are struggling with adherence,”</i> said Evelyn Namboze, National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU).
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> N/A
<p>Lessons learnt</p> <ul style="list-style-type: none"> N/A
<p>Plans for the next quarter, April - June 2015:</p> <ul style="list-style-type: none"> Spearhead TA support to regional and national KM events in priority districts e.g. CHC evaluation districts, districts generating best practices, districts identified to be in dire need of TA and are supported by USG IPs Facilitate active participation of WG/Task Force at national and regional conferences and other fora on HC; e.g. sponsor roundtable discussions and identify discussants develop and make presentations with a clear focus on methodological steps and take home messages Conduct online surveys to obtain feedback on KM efforts, with a focus on measuring: what works best, in what areas, and how/why?

Annex A: FINANCIAL REPORT JANUARY - MARCH 2015

Award Budget Line Items	Budget Total - 5 year period (TEC)	Current Obligated to Date in Award	Balance in the Award	Actual Cumulative Expenditure to December 2014	Actual Expenditure January to March 2015	Actual Cumulative Expenditure to March 31, 2015	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711			\$1,338,877	\$285,171	\$1,624,048	\$4,908,663	75.14%	
Fringe Benefits	\$2,729,692			\$498,637	\$85,195	\$583,832	\$2,145,860	78.61%	
Travel	\$2,014,931			\$235,917	\$69,170	\$305,086	\$1,709,845	84.86%	
Equipment	\$443,500			\$401,288	\$20,469	\$421,757	\$21,743	4.90%	
Supplies	\$75,623			\$62,552	\$2,045	\$64,597	\$11,026	14.58%	
Other Direct Costs	\$13,781,546			\$1,673,828	\$137,985	\$1,811,813	\$11,969,733	86.85%	
Sub-grants	\$14,152,764			\$2,319,381	\$1,443,631	\$3,763,012	\$10,389,752	73.41%	
Indirect costs	\$10,266,708			\$1,415,652	\$175,093	\$1,590,745	\$8,675,963	84.51%	
Cost Share	\$2,499,874			\$630,850	\$8,569	\$639,419	\$1,860,455	74.42%	
TOTAL	\$52,497,349	\$16,617,601	\$35,879,748.00	\$8,576,982	\$2,227,327	\$10,804,309	\$41,693,040	79.42%	35%

